1) TO:	Fax:	2) TO:	Fax:	3) TO:	Fax: Fax:	
FROM:	Fax:	FROM:	Fax:	FROM: _	Fax:	
	AMENDM	ORKFORCE DEVELO IENT TO AN APPROV QUESTING A CHANGE	ED COURS	SE REGISTR	ATION -	
course title(s), he registration to to class, this reque	nours and prices r his form and fax t est to reschedule o	o be used only to reschedulonust remain the same. When to the local office where the course dates/times must first	ı submitting t original regi	his request, atto stration was su	bmitted. Before attending	
,	ease print or type)		c	oo Soo No:		
Name of Participant: Last, First, Middle Initial			3	oc. sec. No	(Last 4 Digits Only)	
Address:				Res. Ph (808)		
Company Name:			Bus PI	า (808)	Fax (808)	
Company Address: Contact Name:						
below. Authorized Sign	ature			Date: _	to rescheduled courses described	
NAME OF TRA	INING VENDOR (S	chool):				
Course No. & Section		Course Title	Origina	I Class Dates	Rescheduled Class Dates	
SECTION II. T	O BE COMPLETE	D BY TRAINING PROVIDER:				
☐ Reschedulir	ng of courses app	roved by(Print/Sign Name			Date/	
SECTION III. (To be completed	by WDD/ETF only)				
PO # Local Office Control #			(If applicable) Amended PO#			
Original enrollment approved by WDD, Local Office: Date://_						
Paid by Check N	No	in the amount of \$				
SECTION IV. (To be completed	by WDD/FTF only)				

Your request to reschedule the above stated course(s) has been approved by:

(WDD/ETF Representative)

Branch/ _, Local Office: _